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| PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                              |                                                                 |                 |                                       |          |                                             |                   |   |                    |                        | Application or Docket Number  09/885642 |                                       |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------|---------------------------------------|----------|---------------------------------------------|-------------------|---|--------------------|------------------------|-----------------------------------------|---------------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                 |                                       |          |                                             |                   | • | SMALL ENTITY       |                        | OR                                      | OTHER THAN<br>SMALL ENTITY            |                        |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                 | NUMB                                  | ER FILED | NUMB                                        | NUMBER EXTRA      |   | RATE               | FEE                    |                                         | RATE                                  | FEE                    |
| BASIC FEE<br>(37 CFR 1.16(a))                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                 |                                       |          |                                             |                   |   |                    | \$                     | OR                                      |                                       | s                      |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                 | minus 20 =                            |          |                                             |                   |   | x \$ =             |                        | 1                                       |                                       |                        |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                 | minus 3 =                             |          | <del>-  </del>                              |                   |   |                    | <del> </del>           | OR                                      | X \$=                                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                 |                                       |          | · <del></del>                               |                   | = |                    | OR                     | X \$=                                   | · · · · · · · · · · · · · · · · · · · |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                 |                                       |          |                                             |                   |   | ·+ \$ <u>·</u> =   |                        | OR                                      | + \$=                                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                             |                                                                 |                 |                                       |          |                                             |                   |   | TOTAL              |                        | OR                                      | TOTAL                                 |                        |
| CLAIMS AS AMENDED – PART II                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                 |                                       |          |                                             |                   |   |                    |                        |                                         |                                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | (Column 1) (Column 2) (Column 3)                                |                 |                                       |          |                                             |                   |   | SMALL              | ENTITY                 | OR                                      |                                       | R THAN<br>ENTITY       |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                           | "/21/05                                                         | RE              | CLAIMS<br>MAINING<br>AFTER<br>ENDMENT |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  |   | RATE               | ADDI-<br>TIONAL<br>FEE |                                         | RATE                                  | ADDI-<br>TIONAL        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | Total<br>(37 CFR 1.16(c))                                       |                 | 25                                    | Minus    | 56                                          | = ()              |   | x \$_ =            | FEC                    | 0.5                                     | V 4                                   | FEE                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | Independent<br>(37 CFR 1.16(b))                                 | •               |                                       | Minus    |                                             | = ()              |   | x s =              |                        | OR                                      | X \$=                                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                 |                                       |          |                                             |                   |   |                    |                        | OR                                      | X \$=                                 | ·                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                 |                                       |          |                                             |                   |   | TOTAL              |                        | OR                                      | + \$ =                                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                 |                                       |          |                                             |                   |   | ADD'L FEE          |                        | OR                                      | ADD'L FEE                             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | (Column 1) (Column 2) (Col<br>CLAIMS HIGHEST                    |                 |                                       |          |                                             |                   | 1 |                    |                        |                                         |                                       |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | REI<br>A<br>AME | MAINING<br>FTER<br>NDMENT             |          | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA  |   | RATE               | ADDI-<br>TIONAL<br>FEE | -                                       | RATE                                  | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | Total<br>(37 CFR 1.16(c))                                       |                 |                                       | Minus    | **                                          | =                 |   | X \$ <u>·</u> =    |                        | OR                                      | x \$_ =                               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | Independent<br>(37 CFR 1.16(b))                                 | Ŀ               |                                       | Minus    | ***                                         | =                 |   | x s =              |                        | OR                                      | x \$ =                                |                        |
| ΨV                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                 |                                       |          |                                             |                   |   | +s =               |                        | OR                                      | + s =                                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                 |                                       |          |                                             |                   | • | TOTAL<br>ADD'L FEE |                        | OR                                      | TOTAL<br>ADD'L FEE                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                 | lumn 1)                               |          | (Column 2)                                  | (Column 3)        |   |                    |                        |                                         |                                       |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | REN<br>A        | LAIMS<br>MAINING<br>FTER<br>NDMENT    |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT.<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE |                                         | RATE                                  | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | Total<br>(37 CFR 1.18(c))                                       |                 |                                       | Minus    | **                                          |                   |   | x \$=              | <del>.</del>           | OR                                      | X \$ =                                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | Independent<br>(37 CFR 1.16(b))                                 | •               |                                       | Minus    | ***                                         | =                 | 1 | × \$=              |                        | OR                                      | x \$ =                                |                        |
| A                                                                                                                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                 |                                       |          |                                             |                   |   | + \$ =             |                        | OR                                      | + \$ =                                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                 |                                       |          |                                             |                   |   |                    |                        | OR L                                    | TOTAL                                 |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the convenient has a second of the paid For". |                                                                 |                 |                                       |          |                                             |                   |   |                    |                        |                                         |                                       |                        |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.